

State of South Dakota
Statement of Financial Interest
Elected Official

RECEIVED

JAN 20 06



File statement within 15 days after taking your oath of office in the office where you nominated, petition or convention nomination certification was filed. Please read information on reverse side before completing this form.

1. Name JASON M. GANT
2. Address 4417 S. LARCH AVE SE, SD 57106
3. Elected Office STATE SENATOR

If there is no change in your financial interest since the filing of your postnomination statement of financial interest, please sign and return.

Date: _____ (Signed) _____

If there are changes, please complete the following:

4. What is your occupation/profession? HEALTHCARE ASSOC.

5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.

SD STATE MEDICAL ASSOC
DAKOTACARE
SF SCHOOL DISTRICT

What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.

JASON EMPLOYER 9-1-04-12-31-04
JASON EMPLOYER 1-1-04-8-31-04
CARIS EMPLOYER 1-1-04-12-31-04

6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.

NONE

What is the nature of your immediate family's association with each?

Filed this 20th day of January, 2006

Chris Nelson
SECRETARY OF STATE

State of South Dakota)
County of Hughes) SS.

Verification

I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year.

Sworn to before me this 20th day of January, 2006 (Signed) JASON M. GANT

(Seal)

Chris Nelson
Officer Administering Oath
My commission expires: 7-1-2006

**State of South Dakota
Statement of Financial Interest
Candidate for Public Office**

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APR 09 2004
S.D. SEC. OF STATE

File statement in the office where your nominating petition or convention nomination certification was filed.

Please read information on reverse side before completing this form.

1. Name JASON M. GANT
 2. Address 4417 S. CARCH AVE SPOON FALLS, SD 57106
 3. Office Sought DISTRICT 11 STATE SENATE
 4. What is your occupation/profession? HEALTHCARE MANAGEMENT

5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.

What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.

DAKOTACARE - self
SPOON FALLS SCHOOL DISTRICT - Spouse

employee
employee

6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.

What is the nature of your immediate family's association with each?

None

Filed this 9th day of April 2004

Chris Nelson
 SECRETARY OF STATE

State of South Dakota)
 County of Minnehaha) SS.

Verification

I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year.

(Signed)

Sworn to before me this 7th day of April 2004.

Jason M. Gant
Stephanie Jacobson
 Officer Administering Oath
 My commission expires: 6-15-07

